WOMEN AND AIDS

Building healing communities

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Women and AIDS

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Since 1987, CMC (now renamed CMC - Churches’ Action for Health as part of Unit II, World Council of Churches) has been helping churches in their AIDS ministry. While many international organizations have concentrated on the medical and technical side of HIV/AIDS, we have looked at the educational, pastoral and spiritual dimensions, and at the need for community-building with those affected by AIDS.

One of the first major projects in which we became involved was action-oriented community research. Church-related health coordinating agencies in Uganda, Tanzania and Zaire began working with local communities affected by HIV/AIDS. The groups tried to identify their main problems and to find practical solutions. The approach, known as “participatory action research” produced significant results. Two findings, in particular, have defined our subsequent work.

The first is with regard to women and AIDS. The community groups involved in the participatory action research found that women’s role in society was a crucial issue in controlling and coping with HIV/AIDS. For example, because women lacked education, they were less likely to be informed about AIDS, and because women often lacked power in their relationship with a male partner, they were less likely to be able to protect themselves against infection. The research also highlighted the fact that the burden of caring for the sick was falling mainly on women. As a result of identifying "gender", or the roles women and men are expected to play in society, as a major issue, some of the communities have set up separate groups to look particularly at gender issues. At WCC, our programme places special emphasis on women partly because of the findings in the participatory action research, and partly because women now represent 40% of all new AIDS cases worldwide.

The second important finding from the research was that community members wanted priests and pastors to be with them in their daily struggle. They wanted their spiritual leaders to listen to their life stories. Some were critical of the fact that religious leaders only made themselves available for marriages and burials. This request to church leaders sometimes came as a challenge. If they held strictly to traditional views on human sexuality, with regard to the use of condoms, they could not be very supportive in the community. They would be more likely to produce guilt and shame than a safe environment in which healing could take place. Women would find it particularly difficult to be open. This is because double standards in sexual morality often mean that women are judged more harshly than men.

At WCC, we hope to help the churches build the healing communities that people living with AIDS need in order to rediscover their spirituality. This issue of Contact looks at the special needs of women with regard to building the AIDS ministry. Our first article describes how gender roles and women’s physical differences increase their vulnerability in the AIDS epidemic. Afterwards, we feel privileged to be able to share the life story of Yupa Suta, a Thai woman who is living with HIV/AIDS. Her personal testimony, given at a meeting in Cambodia, produced an explosive release of energy among all of us there. Immediately afterwards we produced an inter-faith statement (see page 12) which we hope will be an inspiration to all of you. Finally, I have written about the future role of the churches in their AIDS ministry. If people are to be able to share their truth with us, we must be able to make our churches “safe places”. If women are to be included, they must be central to the process. We need to recognize their special needs and their special gifts. Together, as men and women, we can build the healing ministry in which everyone cares for each other.

Erlianda Senturias
WOMEN IN THE AIDS CRISIS

Although many women have expressed their determination not to be seen as the victims of the AIDS epidemic, they are the primary losers. In this article, Anne Skjelmerud, a member of WCC's AIDS Consultative Study Group describes the ways in which AIDS hits women harder than men.

What does AIDS look like? While undertaking my research in Uganda some years ago that question was put to a group of secondary school youth. They described AIDS in terms of the "bad woman" who was tempting the men to come to her for sex. To their minds, it was the woman who was responsible for giving innocent men a deadly virus called HIV.

This is not an image of AIDS which exists only in the minds of a group of school children in Africa. I have heard the blame put on women many times in many different parts of the world. I am certainly not against discouraging men from visiting prostitutes. If they could be deterred, it would protect the prostitute and the man's wife from HIV infection. But I am against the suggestion that "bad women" are the root cause of the problem. The truth is that the injustices women face in life contribute to the spread of the infection. At the same time...
cooking, cleaning and looking after the children but also fetching water and firewood, and growing and providing the food for the household. Men, on the other hand, tend to be responsible for the animals and for clearing new land for agriculture. Men are also responsible for taking the family decisions, although women are more likely to be able to participate in the decision-making if they have an education or some economic independence.

The community also decided that it would be fairer if men were encouraged to start helping women in certain tasks, such as fetching fire-wood and water.

**Sexual Inequality**

"Girls, say NO", is a well-known poster slogan in Zambia. The posters provide a number of examples of what the girls should give as reasons or excuses. In reality, it is very difficult for a girl to say "no". Male school-teachers ask sexual favours of young girls promising high marks (grades) or financial incentives in return. "Sugar-daddies" offer to pay girls' school-fees or clothes in return for sex. The temptation is great for girls who might otherwise have to leave school.

Women may also find it difficult to refuse sexual intercourse. Even when a wife knows that her husband has other sexual partners, she dare not refuse sexual intercourse nor ask him to use a condom. Thus, for many women, the greatest

**Symptoms In women**

More research on HIV/AIDS has related to men than to women. As a result, more is known about the manifestation of HIV/AIDS in men than in women. However, more is becoming known about the way in which the disease presents itself in women. For example, some studies have shown that thrush in the mouth and oesophagus (upper part of alimentary canal) is a more common first AIDS-defining condition in women than in men. Many women with HIV have reported changes in menstrual patterns. For example, a controlled study in Uganda found loss of periods and possible lower fertility to be more common in several hundred women with HIV. Some clinicians in the USA and Zambia have reported that pelvic inflammatory disease occurs more frequently and severely in women with HIV, as does cervical cancer. As the importance of research on AIDS and women becomes recognized, more information about the manifestations of symptoms in women will become available.

danger with regard to AIDS is to have sex with their husband. Most of the African women who have been infected with HIV/AIDS have been infected by their husbands.

Nor can women demand sexual loyalty. When men travel or migrate to find work, some believe that sex is their right and as vital as food, water and sleep. If such male expectations could be changed, it would reduce the rapid spread of the infection.

During participatory action research on AIDS in Uganda sponsored by CMC - Churches’ Action for Health, the community in Jinja recognized the problem of women’s sexual inequality as a major contribution to their problems. They decided that more girls should receive higher education - women needed to become more self-reliant.

Economic Inequality
The risk of the spread of infection is also increased by the economic inequality of women. The participatory action research in Jinja also showed that a woman might find herself in extreme poverty on the death of her husband. Widowed and without education and job prospects, such women might be unable to support themselves and their children. Some may find themselves forced to sell their bodies in order to survive. If the husband died from AIDS, the wife is also likely to be infected and to subsequently infect others. If she is not already infected, her means of survival may be the cause of her own infection.

Women, AIDS and development
When AIDS strikes a family, it is the women, as the carers in the family, who have to carry the burden. The tasks involved in the female role increase substantially when one or more of the family members is ill. Discussing this fact at an AIDS seminar in Kenya, the participants were asked how this situation should be addressed. The response from the mainly-male audience was that the family affected by AIDS should ask other women in the community for help. The idea that the men themselves, or even the boys, might take on some of the additional workload did not occur to any of them.

These set ideas of how women should live and behave also play a role in the type of education that girls receive. The crisis brought by the disease leads to economic hardship. The daughters of the family are taken out of school in order to assist in the home. Girls generally have lower enrolment in schools than boys, and this difference may be further increased by AIDS. As education becomes more and more important a key to economic independence and participation, this trend makes women become even more the losers in relation to development.
Traditions and customary laws may have originally protected the situation for women in society. However, as times change, the practice of customary laws also change. Rather than protecting the woman, some begin to pose a new threat to her. For example, laws regarding inheritance often state that when a man dies, his brother shall take care of the widow, the children and the property. Today, the brother may not be willing to take responsibilities for the wife — either because of a more "modern" understanding of marriage or simply because the husband died from AIDS. There would be reason to believe that the wife is also infected. The brother may, however, take over the belongings of the deceased brother's family leaving the widow and children with nowhere to live but the streets.

There are many other examples of how AIDS serves to demonstrate women's lack of human rights and human dignity. It also increases the opportunities for abuse of the human rights of women. This is demonstrated by a true story I heard from India. The husband is found to be HIV-positive. His family immediately blames the wife for bringing the virus into the family. She is tested and fortunately found not to be infected. However, the man's family is not happy about the test result. They refuse to believe in it. She must be the guilty party (person). So she is tested again, and again, ... nine times altogether, always negative. By that time the man's family is so angry that they throw her out of the family anyway.

**Physical characteristics**

In addition to all the social reasons why women are worse affected by AIDS,

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**HIV and childbirth**

All pregnant women or those who wish to have children in the future should be informed about HIV infection and AIDS. They should be educated on how the virus is transmitted and encouraged to consider whether they risk infection. Pregnant women should be told the following facts:

- If the mother is infected, there is a chance (20-40%) that her unborn baby may be infected.

- The risk of transmission is probably highest if the mother becomes infected with HIV during pregnancy or is already showing signs of AIDS.

- An infected infant may die within the first few years of life.

Where mothers are to be confidentially tested for HIV, they must also be counselled so that they fully understand the implications of HIV testing. Testing should be both voluntary and confidential. Choosing to have a test could influence a pregnant woman suspected to be HIV infected to review her decision to continue with the pregnancy. There is at present no firm evidence to suggest that pregnancy adversely affects the health of an HIV-infected woman or accelerates the progression of the disease.

*Source: Article on "Women and AIDS" in Health for the Millions, April 1991.*
The spread of HIV

Estimated distribution of HIV-infect adults alive (including persons with AIDS) late 1994

North America 750 000 +

Western Europe 450 000

Eastern Europe and Central Asia 50 000 +

North Africa and Middle East 100 000 +

South and South-East Asia 2.5 million +

Eastern Asia and Pacific 50 000

Sub-Saharan Africa 8 million +

Australasia 20 000 +

Global total: 13–15 million cases

There are also the physical reasons. Women are more likely to become infected than men because of the greater vulnerability of their reproductive organs. Physical differences between women and men affect the risk of infection. According to a review of studies in US and UK, women are three times as likely as men to become HIV-infected through sexual intercourse. The report of the study in CDC, AIDS Weekly, January 1990, indicated that daily intercourse with a seropositive man will, on an average, cause a woman to become infected within a year. However, a man having daily intercourse with an infected woman would become infected after an average of two years and nine months.

Women are more vulnerable because the vaginal wall is delicate. It is prone to sores and abrasions which act as a gateway for the virus. Any infection, sore or sexually-transmitted disease increases the risk of transmission of the virus. Another problem for women is that it is more difficult for them to know whether they have infections or sores. Symptoms and sores are more clearly seen on the male organ.

Glimmers of hope?
The AIDS epidemic has however created a new opportunity for our churches. As the impact of AIDS becomes more visible in our communities, local congregations are challenged more and more often to become involved. When we do become involved, we must be aware of the gender issue and ask men to change some of their thinking. The community in Jinja has decided to prioritize girls' education and to share household tasks with women. Church communities might start asking men to make home visits to families affected by AIDS. This would be an important contribution and one that is different from the kind of assistance normally expected of men. The task of community building may actually revitalise our local churches. As congregations find themselves face to face with the challenge of AIDS, they are offered the chance to demonstrate their determination to follow the example of Jesus.

Women are more vulnerable to the HIV infection.
Yupa Suta, a young Thai woman who is HIV positive, told a conference sponsored by the Asian Women's Human Rights Council and the World Council of Churches about her life. Those who heard her were moved by her simplicity, her deep sincerity and her spirituality. Inspired by her, they produced an ecumenical and inter-faith statement (see page 12). Yupa Suta’s testimony was translated for participants at the meeting by Rev Jim Thomas, Mary Grenough of Maryknoll Sisters in the Philippines, wrote it down.

"Before coming to this meeting, I was afraid. I have never been out of my country before. I do not know the language here. I have never been with so many different groups before. But when I arrived, I was welcomed with friendliness and a lot of concern. I felt better and wanted to talk to each one of you.

"I am just an ordinary Thai woman. My first husband was a Christian – a leader with an official position in our local church. We had been married for six years. He was a good man and a good husband. I still felt that way even after I knew he had HIV/AIDS. He was often away from home on church assignments. But it never occurred to me that he would have sexual relations with other women.

"The last year that we were married, my husband was often sick. At first, I did not think it was serious. I thought that he was getting coughs, colds and asthma because he was working too hard and travelling too much. His doctor advised him to have a blood test. He told me not to worry. He said nothing when he received the result of the test. But I could see the sad look on his face. Eventually, I asked him what the doctor had said. His response was: "Just supposing it is HIV/AIDS, what would you do?" I said that I loved him and would stay with him whatever happened.

"Finally, he said, 'If you want to know what is wrong with me, go and have a blood test.' I did, and it was positive. I told him: 'You don’t have to tell me now I know.' I said that we would stay together and help each other and struggle with this together. When my husband saw how I reacted to the positive result, I could see that he felt even worse. He felt even more guilty for what he had done.

"When he became very sick, I cared for my husband day and night. I cleaned him. I washed his soiled bedding. I got very tired and there was no time to rest. He had brothers and sisters but they were busy with their own lives and work. There were times when he called for me and I was so exhausted I could not walk. One time, I crawled to his bed to try and help him. There were times when he felt angry at the world, angry with life. He felt very isolated. Having been someone..."
who had always been on the move, he felt confined at home. I stayed with him throughout those times. I slept with him at night.

"We did everything the doctor told us to do, and more. We spent all our money even though we had heard the government slogans that said: 'If you get AIDS, you die'.

Preparing for death
"Towards the end, he spent some time in the hospital. One day the doctor asked me, 'Are you ready to take your husband home?' I asked my husband, 'Are you ready? ... ready to go home? ... ready to meet God?' He answered, 'I am ready.' We were together for only seven more days.

"On his last night, he was happy and talking freely. He seemed well. His colour looked very good and he seemed stronger. I suggested that he try to go to sleep early. He said that he wanted to talk. He did not want me to leave. We talked until 2 am in the morning. He asked me how I would live, where I would spend my life. Whenever I tried to leave — even to go to the bathroom or to get a glass of water — he would hold onto me and ask me to stay with him, not to leave.

"We each had our own blanket, but that night he asked me if we could share the same blanket. We did. He asked me to hold him until he died, and not to leave him. When I woke up that morning I realized that I had done what he wanted me to do. I had fulfilled his dying wish. I was very happy to have done what he asked and needed.

"Many people came to his wake. Most of them had no understanding of AIDS. Some were curious to see what a person who had died of AIDS looked like. They showed no sensitivity towards me. I was an object of curiosity. In my presence, they said: 'She will die soon, too.' I didn't know very much about AIDS then and I believed them. I spent the time after that just waiting to die myself.
"I did not mention earlier that my husband had two children by a previous relationship before we married. I took the children, cared for them and loved them as my own during the six years that we were married. When my husband died, his mother took them from me so that they would not get AIDS. After that, I moved away and lived alone. I thought I was going to go crazy. I played the music that my husband liked. I played the same tapes over and over again.

Finding someone who cared
"Then, one day I met Rev Sanan Wutti, the pastor of a church. Immediately, I felt that someone was caring for me. Through him, I met a group of people who accepted me. They understood HIV/AIDS and they were interested in my life. They gave me some good advice. I realized then that I had not been taking proper care of myself. I began to exercise, eat the right foods and give myself lots of rest. More importantly, I began to think and pray again, and to recognize that I was responsible for myself.

"I reflected on my life. I decided what kind of talk I would listen to, and what kind of talk I would ignore. I became aware that God was with me all the time, and that he would always be with me.

"I volunteered to become a member of the HIV/AIDS support group which had welcomed me. In this church group, I feel so loved, and cherished and valued. Life has so much meaning for me now. I feel that the work I do is important. Not only for others but also for myself. It is a source of strength for me every minute of every day. Each day and each night has value and purpose. Every person living with HIV/AIDS should be able to love their life as much as I love mine. No-one gets HIV on purpose.

"Through the group, I met my new husband. He is with me here at this meeting. We have both known that we are HIV positive for over three years.

"Before I finish, there is one last thing I want to say to all of you. I want you hearts to be with the people, especially people with HIV/AIDS. I want your hearts to show your sincerity and your concern, and your love and your hope."
CONFERENCE FINDINGS

Thirty-one women and six men, including a Buddhist monk, from 15 countries met in Cambodia for the Women and Health and the Challenge of HIV/AIDS conference in November 1994. Experiences from Laos, Nepal, India, Thailand, Indonesia, Malaysia and Philippines, Hong Kong and Japan were shared, providing the following information:

• Many of the women among 60,000 Cambodian refugees suffer various forms of sexual abuse and have no chance of protecting themselves against sexually-transmitted diseases, including HIV/AIDS.

• In Thailand, 90% of the HIV positive women have been infected by their husbands.

• Most Southeast Asian women do not know how to protect themselves from sexually-transmitted diseases, and often do not have the power to refuse sexual encounters.

• Women in Cambodia today have had an average of two years of formal education.

• Cultural norms in Cambodia and other countries within the region have long allowed and expected the males to go to women other than their spouses for sexual purposes.

• 90% of AIDS funds go to industrialized countries while there is much greater need in the impoverished sub-Saharan African and Southeast Asian countries.

Refugees at risk
The most striking revelations of meeting were the potential risks of HIV/AIDS for refugee women. Eileen Pittaway of the Australian National Consultative Committee on Refugee Women put her case bluntly. “We know of the massive occurrence of sexual violence, rape and prostitution of refugee women. We know that HIV/AIDS is pandemic in the region. Yet what do we do? Nothing.” Ms Pittaway said that there were an estimated 25 million refugees in the world, and an estimated additional 25 million displaced persons. She said that 80% of those living in camps were women and their dependant children, and that two-fifths of refugee and displaced people were living in the Asia Pacific Region (ESCAP). She said that many of these women faced appalling conditions “as part of the refugee experience”. Women were raped and genitaly mutilated either as a form of torture or in order to humiliate their husbands and family. They were raped by soldiers, including members of UN Peace-Keeping Forces, camp officials and other refugees.

Ms Pittaway said that there was a deliberate conspiracy of silence about refugee women and HIV/AIDS on the part of the international organizations. She said that there were no statistics on HIV/AIDS in refugee camps, and no guidelines for coping with the problem. She concluded that international agencies were terrified that if the information became known, funding for their programmes would decline.

A full report of the conference is available from Asian Women's Human Rights Council (AWHRC), PO Box 1013, Cilmall, UP Diliman, 1101 Quezon City, Philippines.

* A major international meeting on this theme has taken place recently and a report will be included in the next issue of Contact.
Women and HIV/AIDS
AN ECUMENICAL AND INTER-FAITH STATEMENT

Having heard the living testimony of people living with HIV/AIDS, having seen their tears, having felt their screams rising in our throats, and remembering those who have died alone, rejected, and despised, We confess:

Our slowness to respond in love and action to the HIV/AIDS pandemic.

Our complicity in creating and maintaining cultural values and religious traditions which make women objects of discrimination and sexual oppression, which at the same time condemns them as the source of temptations.

Our moralism, which has driven the persons who are affected away from us, making our communion without them incomplete until such time as they heal us by their return.

Our willingness to be conformed to the pattern of fear and prejudice that dominates most thinking about people living with HIV/AIDS.

Our failure to try to understand the reality that our human communities are facing and the crisis of relationships which threatens them.

Our negligence in developing constructive teaching about the sacredness of our bodies and our destructiveness in insistence on equating sexuality with sin.

Our responsibility for heaping on women such a great weight of guilt and shame that they have very little strength left with which to rise up and renew their lives.

Our superficiality, as communities, which has left little space for women and men living with HIV/AIDS to share, to care, to feel or to heal.

The challenge of HIV/AIDS is a call to repentance, to a recovery of the roots of our faith, to a revival of our ethical will, and to a rekindling of human compassion.

The AIDS crisis of our times has revealed the hypocrisy of religiosity, and has forced us to recognize that worship without mercy is not an expression of faith.

The personal stories of people living with HIV/AIDS have caused us to rethink our own lives and to question whether we have truly lived with meaning and purpose.

Through their stories of struggle and sadness we have been brought into the presence of God where, with them in the darkness, we saw the light of God’s face, and we have been given an example of how to live in faith and hope in the world.

We rejoice to affirm the dignity of human beings in all circumstances, and finding the meaning of life in the shadow of death, for it is in affirming the dignity and meaning in our lives that we free ourselves from the fear of death.

The experience of this week compels us to seek concrete ways of showing our concern for and participation in the struggles of people living with HIV/AIDS.

We must break the barriers which separate us and cause us to think in terms of “us” and “them”.

We have been moved to examine and redefine human relationships and seek to understand more fully what it is to be living with HIV/AIDS.

We are committed to bringing the human suffering and pain of HIV/AIDS into encounters which teach of faith and deepen spirituality.

We are further committed to creating space in our faith communities for all people and to accepting each person as s/he is.

This statement was written by participants at a meeting convened by Asian Women’s Human Rights Council and World Council of Churches in November 1994 in Phnom Penh, Cambodia.
CREATING SAFE PLACES

People find their spirituality when they can speak openly in a community in which they feel loved rather than judged. The World Council of Churches challenges the churches to build an environment in which women feel completely safe and comfortable. Here, Dr Erlinda Senturias of CMC - Churches' Action for Health, who is responsible for WCC's AIDS programme, describes the problems involved in creating "a safe place" for women affected by AIDS.

Church communities, and even sometimes our immediate families, may not be safe places in which to share our life stories. Being in a safe place means being welcomed and accepted, and not being judged and made to feel guilty. The problem is that many of the church teachings do make people feel guilty. Judgmental attitudes about sexuality tend to affect women more than men. For example, the young woman who becomes pregnant before marriage knows that judgment will inevitably be harsher on her than her partner. Divorced women frequently express their sadness that the church will no longer welcome them. Women who are forced into prostitution in order to feed their children expect to be excluded from their churches. Even worse, women in families affected by AIDS, who are in desperate need of a safe place to talk and to find support, may feel afraid even to reveal the nature of their grief.

Safe places enable people to sort out their life, regain their spirituality and find themselves able to rise above a difficult experience. The churches need to make a special effort with regard to making churches safe for women because judgment often falls harder on them. Sadly, even in the churches, the imbalance in power between men and women has led to a situation in which women do not always feel safe. In recent ecumenical gatherings, women have begun to share their experiences of sexual harassment. The threat of any form of violence, including sexual violence, must be replaced by a positive effort to make everyone feel that relationships between members of church communities are safe relationships.

As part of its work in the 1988-1998 ecumenical decade "Churches in solidarity with women", the World Council of Churches is challenging the churches to recognize sexual violence and to create safe places for women. The WCC programme on AIDS is also helping the churches and church communities become safe for people living with AIDS.
Building a safe and healing community: The Trinity experience

The African American Congregational Church in US (membership 6,000) is creating “a safe place” for people living with HIV/AIDS. Trinity United Church of Christ has formed an HIV/AIDS Support Ministry. This two-year old programme is a priority for the church. Based on the “theology of inclusiveness”, it aims to include not only heterosexual women but also lesbian, gay and bisexual people and their families.

How did the HIV/AIDS ministry start? In June 1992, Connie Starks, a member of the congregation, said that she felt that there was a need for support for people living with AIDS. She wanted “a ministry of care and healing for people living with HIV/AIDS”. She described poignantly to the congregation her sad experience as a woman in a family in which someone had AIDS. She said that she, and others in her situation, needed comfort and support. The response from those in the church was an outpouring of love. By October 1993, the Trinity’s HIV/AIDS Support Ministry was training its first 35 members. A second training session took place the following year bringing the total number of active members in the HIV/AIDS support ministry to 46.

To join the programme, volunteers are asked to complete a questionnaire. It is vitally important to ensure that anyone participating in this ministry supports the theology of inclusiveness. The questionnaire therefore includes the following questions:

- People who have HIV/AIDS are being punished by God? (Yes) (No)
- People with HIV/AIDS deserve what they have because of their lifestyle? (Yes) (No)

- Why do you want to be a member of this ministry?
- What has been your experience with HIV/AIDS related illness?
- What are your thoughts about pre-marital sex?
- How do you feel about working with individuals who are homosexual?
- How do you feel about working with people who are present or past drug users?
- How do you feel about the use of condoms to prevent the spread of communicable diseases?

Following selection, volunteers to the HIV/AIDS Support Ministry take the 20-hour training programme. It provides information about HIV and AIDS, including information about how to keep the immune system healthy. The approach is holistic, emphasizing the social/psychological impact of HIV/AIDS on those affected, including the special problems of women and children. It also includes sessions on the spiritual and pastoral aspects of caring for people living with HIV/AIDS.

Those who complete the training organize the events, run the support groups, visit people living with AIDS and organize the training programmes of the HIV/AIDS Support Ministry. The church leaders support the programme by scheduling a yearly programme of activities. These include Black Church National Day of Prayer for the Healing of AIDS (first Sunday in March); monthly information sessions; Women's Week, and Teen Talk on HIV/AIDS. There are several “AIDS walks” each year, and health fairs and educational workshops have also been organized. The congregation is kept informed about all these activities through the church bulletin.
giving special emphasis to the needs of women. An example of a church which has responded enthusiastically to the need for "a ministry of care and healing for people living with HIV/AIDS" is the Trinity United Church of Christ in Chicago (See story on page 14) which I visited recently during a visit to the USA.

Women's role as carers
Another visit during my US trip reminded me of a second reason why the churches need to give special attention to women's needs. Arriving on a Wednesday evening women are left alone to do the caring. When I met Kathy Thill, who is director of the Ascension Respite Care Center in Chicago, she told me that the services available to families affected by AIDS were totally inadequate. She is working with families living in extreme poverty. Most are single women with children trying to make a better life for themselves and trying to stay together as a family as long as health will allow. She highlighted the need with the help of the following story.

"Women are the primary care givers in the family. They take care of their children and husband before they take care of themselves."

AIDS
in the
BLACK COMMUNITY

A US poster warns black women to protect themselves and their babies.

at the ecumenical Project Momentum in the basement of the St Paul Roman Catholic Church in mid-town New York, I noticed that majority of the young people joining the communal supper were men. Why was this the case when nearly 50% of adolescents with AIDS in New York State are young women? According to Rev Suzanne Wiedel-Pace, the director of the programme: "Women are the primary care givers in the family. They take care of their children and husband before they take care of themselves."

Our churches must support women both as women and as carers. Too often, "A local hospital called asking for help for a family in which the father had just been diagnosed with AIDS. The family spoke only Spanish and they had no money because the husband had been too sick to work. They were terrified, knowing very little about HIV/AIDS. Two of our staff went to their home and talked to them to calm their fears. They offered to go with the husband to the hospital to interpret. Child care was provided in the home to relieve some of the stress. It also enabled the parents to attend medical appointments together.

"Now, six months later, the father has gone into the hospital and is not expected
to live. Assistance in paying heat and other household bills, food and clothing continues to be provided to the family, as does child care. The mother is asking for help in taking her husband's body to Mexico for burial. The family has few friends, and relatives have stopped visiting since the AIDS diagnosis was revealed. The presence of Ascension staff in the home and at the hospital helps provide the needed emotional support. It helps prevent the family feeling that they are alone. The mother fears for the future. She is already expressing concern that we too will leave her once her husband dies."

Kathy Thill says that stories like this one show some of the difficulties for families with AIDS. Women and children are in tremendous need. They need practical and emotional support because they often have few resources and services available to them. "Families want to provide for themselves and stay together," she says. "With help, they are able to meet these goals and improve the quality of their life."

The challenge
More and more, we need church communities to follow the example of Christ. AIDS is in our churches and has a message for us all. We can no longer leave the support ministry to women alone. This has been a tradition in the churches and it must change. It is high time that the churches, both the men and the women, devote more of their energies and financial resources to sharing the responsibility for care and healing.

In building this sharing and caring ministry, the churches have to become safe places for women and for people affected by AIDS. Some churches in different countries around the world are taking up the challenge. But the examples are still too few in number. We need more church communities to embody the Christ who came that we might "have life and have it abundantly" (John 10:10). Let us do our share in creating a safe place for all of God's people in our church communities.
This list includes some useful contacts and publications on AIDS, especially women and AIDS, as well as WCC publications on AIDS. Unless otherwise stated, these publications are available in English only. Addresses of distributors are provided in the Address box in the margin.

United Nations programme on HIV/AIDS (UNAIDS), a new UN body comprising six UN organizations (WHO, UNDP, UNICEF, UNFPA, UNESCO and the World Bank) convened the first meeting of the Programme Coordinating Board in Geneva on 13-14 July 1995. The UNAIDS Executive Director is Dr Peter Piot. UNAIDS mailing address is the same as that of WHO.

International Community of Women living with HIV/AIDS (ICW) says: “If you are an HIV positive woman who wants to be involved, write to our London office and we will put you in touch with someone in your area.”

Women living with HIV/AIDS
PO Box 2338 - London W8 4ZG - UK

Women and AIDS Support Network based in Zimbabwe organized the first meeting on women and AIDS and has been active ever since. The group published the book “We miss you all”, see below.

AIDS, images of the Epidemic (1994) presents the multiple public health, social and human dimensions, including an excellent chapter on “Women, Sex and AIDS”. It is available from WHO in many languages including English, French and Spanish at a price of CHF 32 or CHF 22.40 in developing countries.

AIDS Home Care Handbook is valuable to anyone directly or indirectly involved with care in the home for a person living with AIDS or other illnesses with similar symptoms. It is published by WHO at a price of CHF 18. It is available in Arabic, French, Kiswahili and Thai as well as English.

We miss you all, Noerine Kaleeba: AIDS in the Family is a personal history of Noerine Kaleeba’s involvement in AIDS work following her husband’s illness and death from AIDS. Published by Women and AIDS Support Network but also available from TALC at a price of £2.95 plus postage and packing (60% for airmail or 30% for surface mail with a minimum of £3.00 for air, £2.50 for surface).

AIDS and the Church is a well-received book by Graham Simpson. It contains case studies from around the world and addresses the impact of AIDS on people and communities. It is available from TALC at a price of CHF 12.50.

WCC publications

What is AIDS? A clear, concise and practical manual for health workers. It is available free of charge to developing countries and at a price of US$2 including surface mailing elsewhere. It is available in English, French, Spanish, Portuguese and Swahili.

Learning about AIDS available free of charge to developing countries and at a price of US$2 including surface mailing elsewhere. It is available in English only. New editions of the French and Spanish translations are in preparation.

A Guide to HIV/AIDS Pastoral Counselling can help those in the churches to respond to the spiritual and emotional needs of people living and dying with AIDS. It is available in English and French, free of charge to developing countries and at a price of US$10 including surface mailing elsewhere.

Participatory Action Research on AIDS and the Community as a source of Care and Healing, available in English at a price of US$3 plus postage from Uganda Protestant Medical Bureau and in French at a price of US$10 including surface mailing from WCC.

Directory of organizations and services is a comprehensive guide to organizations, services, and resources related to AIDS around the world. It is available from WCC at a price of CHF 40.

Address box
Panos Publications Ltd
9 White Lion Street
London N1 9PD - UK

TALC
PO Box 49
St Albans
Herts AL1 4AX - UK

World Council of Churches
(CMC - Churches' Action for Health)
PO Box 2100
1211 Geneva 2
Switzerland

Uganda Protestant Medical Bureau
PO Box 4127
Kampala - Uganda

World Health Organization (GPA, Documentation Centre)
1211 Geneva 27
Switzerland

Women and AIDS Support Network
PO Box 1554
Harare - Zimbabwe
WHO: BRIDGING THE GAPS

The World Health Organization’s first annual report entitled “Bridging the gaps” points to poverty as the world’s leading cause of death. Poverty is the main reason why babies are not vaccinated, why clean water and sanitation are not provided, why curative drugs and other treatments are not available, and why more than 500,000 mothers die in childbirth, the report says.

More than one fifth of the 5.6 billion people in the world live in extreme poverty, almost a third of the world’s children are undernourished, and half the global population lacks regular access to the most needed essential drugs.

“The challenge is to prevent the world heading towards a health catastrophe in which many of the great achievements in health in recent decades will be thrown into reverse,” says WHO’s Director General, Dr Hiroshi Nakajima.

The report makes special reference to the widening gap between rich and poor which WHO considers to be a major threat to world health.

Child health
The report says that immunization coverage seems to be declining in some countries. It also says that 12 million children under five years of age die, most of them from causes that could be prevented at very low cost. Acute respiratory infections, particularly pneumonia, kill more than four million of these children.

Causes of death
Looking at the causes of the 51 million deaths last year, the report reveals:
- about six million deaths from cancer;
- 2.7 million deaths from tuberculosis;
- two million deaths from malaria, half of which were among children.

Smoking causes three million deaths a year worldwide.

Charting the future
WHO sees four main priorities for action in the future:

First to ensure “value for money” by using the available resources as effectively as possible and redirecting them to those who need them most.

Second to reduce poverty through better health. Poor health inhibits an individual’s ability to work. Reduces earning capacity and deepens poverty. Expenditure on health is a prerequisite for economic and social progress. Poverty should be tackled on two fronts: one to meet people’s basic minimum needs including access to health services, housing and education; the other to provide opportunities for people to earn their way out of poverty through better health and increased productivity. In addition, there is another aspect of poverty which must be corrected — social discrimination and low status for some groups, particularly women.

Third to stimulate a change in public health policy. In the decade of the 1990s, health policy has been influenced not only by the health-for-all movement, with its emphasis on equity, but also by global political and economic changes. Any genuine improvement in health will thus call for integrated, intersectoral action.

Fourth to strengthen national capabilities for emergency relief and humanitarian assistance in the health sector. The new policy of “emergency management for sustainable development” will provide a bridge between relief work and development proper.

LETTERS

South Africa:
Women's groups and churches

My point of departure is the involvement of churches in health in South Africa. I fully agree and confirm what was said by Sylvia Talbot in her presentation during the celebration of 25 years of CMC, The Vision and the Future: "while many women's groups were responding to the health needs, the churches were much less involved with health issues" (Contact 142, April-May 1995).

The situation is no different in South Africa. Since the country is now politically liberated, the expectation of the deprived communities is that the Government of National Unity must deliver everything, including health services. It is imperative that transformation and democratization of the entire society take place. The question is how? The legacy of apartheid has damaged the thinking of the people so that they do not recognize their own potential and capacity to develop themselves.

Our organization was established in January 1994 to address the health needs of the deprived and marginalized communities. The main objective is to address women's health and development issues at the community level. We want to help them develop and take action for their own health and development. Like anywhere in the world, women in South Africa are discriminated against in many ways and are not developed to take leadership roles in the Church and society. Yet, they have the potential and the capacity to develop themselves, their families and their communities.

Christian Women Health and Development Promotion works in collaboration with the Southern African Catholic Bishops' Conference, South African Council of Churches and other women's organizations involved in health and development issues. It is a non-governmental organization aiming to provide expertise to community-based organizations and other NGOs.

Cecilia Moloantao
Christian Women Health and Development Promotion
PO Box 3968
Halfway House
Midrand
South Africa 1685

A book for midwives
Similar in style to Where There is no Doctor, and also published by Hesperian Foundation, this substantial handbook uses simple language and hundreds of drawings. Written by Susan Klein, it provides information on caring for women through all stages of pregnancy and birth. It teaches midwives, traditional birth attendants, and other health workers how to help pregnant women during labour, childbirth and after birth. Available at a price of US$17.00 (US$15.00 for orders of 12 or more copies) plus US$2.00 for overseas surface mail. Write to: The Hesperian Foundation, 2796 Middlefield Road, Palo Alto, CA 94306, USA.

Healthy Women, Healthy Mothers: An Information Guide
This publication by Dr A A Arkutu is part of a set of resource materials for organizations working to improve health education and counseling on women’s health in Africa. Specifically, it is designed to help health personnel and other community-level workers provide accurate, up-to-date information to the women they serve. Written in non-technical language, the book includes dozens of illustrations and boxes that can be used for client counselling and education, or as a basis for preparing other educational materials. The publication is available at a price of US$10.00 per copy from Family Care International, 588 Broadway, Suite 503, New York, NY 10012, USA.

List of free material in reproductive health
The 1994 edition of this substantial publication is now available. It contains information about materials available free of charge on topics such as family planning, maternal and child health, AIDS and so on. It is also published in French. Write to: Program for International Training in Health (INTRAH), The University of North Carolina at Chapel Hill School of Medicine, 208 North Columbia Street, CB#8100, Chapel Hill, North Carolina 27514, USA.
Transforming Health
This book on Christian approaches to healing and wholeness is edited by Dr Eric Ram, a former CMC director. In the preface, Dr Konrad Raiser, Secretary General of World Council of Churches writes: "By exploring the many dimensions of health and wholeness, this book makes a valuable contribution to the search for a Christian response to God's calling to heal our broken world." Chapters are edited by 20 Christian health care experts from around the world. It is available at a price of US$21.95 plus US$4.00 postage and packing (outside USA) from MARC, 121 E Huntington Drive, Monrovia, CA, USA.

Tropical fruit processing manual
Two good reasons for processing tropical fruit: to reduce wastage during times of glut and to fight against alcohol-related problems by providing an alternative! This manual contains more than 80 recipes for preserves, fruit drinks and ices, followed by a chapter on the management and financial aspects of running a small-scale fruit processing business and a chapter of the therapeutic properties of tropical fruits. Please write to: International Federation of the Blue Cross, PO Box 658, CH-2501 Bienna, Switzerland.

ANNOUNCEMENTS

Baby-friendly conference?
WABA can send you an 8-point sheet to help you ensure that every conference is baby-friendly. Recommendations include providing child care facilities for breastfeeding women and refusing money from the baby-food industry. Write to them for the information sheet, and join the ranks of Child Health 2000, International Confederation of Midwives and World Organization of Family Doctors by making your conference baby-friendly. Address: World Alliance for Breastfeeding Action (WABA), PO Box 1200, 10850 Penang, Malaysia.

WCC publications
Recent books include Friendship and Resistance - Essays on Dietrich Bonhoeffer, The Angels have left us about the Rwanda tragedy and the churches and WCC Yearbook 1995. Write for a WCC Publications brochure from WCC Publications, PO Box 2100, 1211 Geneva 2, Switzerland.

Contact is currently being evaluated. A proportion of our readers will receive a questionnaire to complete, others will be asked to take part in focus group discussions. If you are one of those chosen, thank you in advance if you are able to help. We need your comments and suggestions in order to make Contact your most valued publication.

IMPORTANT REMINDER TO OUR READERS: If you wish to remain on our mailing list, please make sure that you have returned the readership mailing list sheet we sent to you with Contact 140, or write to us to let us know. Otherwise, your name will be removed from the mailing list at the end of the year.